ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	W	7653Y	09-2-99
O.I.P.E. CLASSIFIER		5	9.8.99
FORMALITY REVIEW	UNMO 68231		9.15.99
MP			dec23

INDEX OF CLAIMS

✓	.... Rejected	N .... Non-elected
=	.... Allowed	I .... Interference
–	(Through numeral)... Canceled	A .... Appeal
÷	.... Restricted	O .... Objected

Claim			Date							
Final	Original	11/14/105	11/15/04	4/27/04						
	1	÷	✓	✓						
	2	÷	✓	✓						
	3	÷	✓	✓						
	4									
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	11									
	12									
	13	÷								
	14									
	15	÷								
	16	÷	✓	✓						
	17	÷	✓	✓						
	18	÷	✓	✓						
	19									
	20	÷	✓	✓						
	21	÷	✓	✓						
	22	÷	✓	✓						
	23									
	24	÷	N	N						
	25	÷	N	N						
	26	÷	N	N						
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	35	÷	N	N						
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	49									
	50	÷	N	N						

Claim			Date							
Final	Original	11/10	11/15/04	4/27/04						
	51	÷	N	N						
	52	I								
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	98									
	99									
	100	÷	N	N						

Claim			Date							
Final	Original	11/65	11/15/04	4/27/04						
	101	÷	N	N						
	102	÷	N	N						
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If more than 150 claims or 10 actions
staple additional sheet here

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